323 SOUTH 18TH AVENUE
STURGEON BAY 54235 Phone: (920) 746-3719
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 30
Total Licensed Bed Capacity (12/31/00): 30
Number of Residents on 12/31/00: 30

Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census:

Nonprofit Church-Related

Skilled No Yes 30

| ****   |           |   |                         |                      |                |  |                  |  |  |  |
|--|-----------|---|-------------------------|----------------------|----------------|--|------------------|--|--|--|
| Services Provided to Non-Residents                             |           | Age, Sex, and Primary Diagno                              | Length of Stay (12/31/0 | 0) %                 |                |  |                  |  |  |  |
| Home Health Care<br>Supp. Home Care-Personal Care              | No<br>No  | Primary Diagnosis   | %                       | Age Groups           | %              | Less Than 1 Year<br>1 - 4 Years                | 30. 0<br>43. 3   |  |  |  |
| Supp. Home Care-Household Services                             | No<br>No  | Developmental Disabilities                                | 0.0                     | Under 65             | 0.0            | More Than 4 Years                              | 26. 7            |  |  |  |
| Day Services<br>Respite Care                                   | No        | Mental Illness (Org./Psy) Mental Illness (Other)          | 6. 7<br>0. 0            | 65 - 74<br>75 - 84   | 6. 7<br>30. 0  |  | 100. 0           |  |  |  |
| Adult Day Care<br>Adult Day Health Care                        | Yes<br>No | Al cohol & Other Drug Abuse<br>Para-, Quadra-, Hemiplegic | 0. 0<br>0. 0            | 85 - 94<br>95 & 0ver | 50. 0<br>13. 3 | Full-Time Equival                              | *********<br>ent |  |  |  |
| Congregate Meals<br>Home Delivered Meals                       | No<br>No  | Cancer<br>Fractures                                       | 3. 3<br>0. 0            |                      | 100. 0         | Nursing Staff per 100 (12/31/00)               | Resi dents       |  |  |  |
| Other Meals  | No<br>No  | Cardi ovascul ar<br>Cerebrovascul ar                      | 33. 3<br>16. 7          | 65 & 0ver            | 100. 0         | RNs  | 16.2             |  |  |  |
| Transportation<br>Referral Service                             | No        | Di abetes   | 6. 7                    | Sex                  | %              | LPNs   | 16. 3<br>15. 0   |  |  |  |
| Other Services Provide Day Programming for                     | No        | Respiratory<br>Other Medical Conditions                   | 10. 0<br>23. 3          | Mal e                | 26. 7          | Nursing Assistants<br>  Aides & Orderlies      | 21. 6            |  |  |  |
| Mentally III Provide Day Programming for                       | No        |   | 100. 0                  | Female               | 73. 3          |  |                  |  |  |  |
| Devel opmentally Disabled  *********************************** | No        | *********   | ******                  | <****************    | 100.0          | !<br> <br>  ********************************** | *****            |  |  |  |

## Method of Reimbursement

|                       | Medicare<br>(Title 18) |      |                | Medicaid<br>(Title 19) |      |          | Other Pi |      | Private Pay |    |       | Managed Care |     |      | Percent  |       |            |
|-----------------------|------------------------|------|----------------|------------------------|------|----------|----------|------|-------------|----|-------|--------------|-----|------|----------|-------|------------|
|                       |                        |      | Per Die        | m                      |      | Per Die  | m        |      | Per Die     | m  |       | Per Dien     | 1   | Ŭ    | Per Diem | Total | Of All     |
| Level of Care         | No.                    | %    | Rate           | No.                    | %    | Rate     | No.      | %    | Rate        | No | . %   | Rate         | No. | %    | Rate     | No.   | Resi dents |
| Int. Skilled Care     | 0                      | 0. 0 | \$0.00         | 0                      | 0. 0 | \$0.00   | 0        | 0. 0 | \$0.00      | 0  | 0. 0  | \$0.00       | 0   | 0. 0 | \$0.00   | 0     | 0. 0%      |
| Skilled Care          | 0                      | 0. 0 | \$0.00         | 11                     | 68.8 | \$98. 83 | 0        | 0. 0 | \$0.00      | 14 | 100.0 | \$144.50     | 0   | 0.0  | \$0.00   | 25    | 83. 3%     |
| Intermediate          |                        |      |                | 5                      | 31.3 | \$82. 09 | 0        | 0.0  | \$0.00      | 0  | 0.0   | \$0.00       | 0   | 0.0  | \$0.00   | 5     | 16. 7%     |
| Limited Care          |                        |      |                | 0                      | 0.0  | \$0.00   | 0        | 0.0  | \$0.00      | 0  | 0.0   | \$0.00       | 0   | 0.0  | \$0.00   | 0     | 0.0%       |
| Personal Care         |                        |      |                | 0                      | 0.0  | \$0.00   | 0        | 0.0  | \$0.00      | 0  | 0.0   | \$0.00       | 0   | 0.0  | \$0.00   | 0     | 0.0%       |
| Residential Care      |                        |      |                | 0                      | 0.0  | \$0.00   | 0        | 0.0  | \$0.00      | 0  | 0.0   | \$0.00       | 0   | 0.0  | \$0.00   | 0     | 0.0%       |
| Dev. Di sabl ed       |                        |      |                | 0                      | 0.0  | \$0.00   | 0        | 0.0  | \$0.00      | 0  | 0.0   | \$0.00       | 0   | 0.0  | \$0.00   | 0     | 0.0%       |
| Traumatic Brain In    | . 0                    | 0.0  | <b>\$0. 00</b> | 0                      | 0.0  | \$0.00   | 0        | 0.0  | \$0.00      | 0  | 0.0   | \$0.00       | 0   | 0.0  | \$0.00   | 0     | 0.0%       |
| Venti l ator- Depende | nt 0                   | 0.0  | <b>\$0. 00</b> | 0                      | 0.0  | \$0.00   | 0        | 0.0  | \$0.00      | 0  | 0.0   | \$0.00       | 0   | 0.0  | \$0.00   | 0     | 0.0%       |
| Total                 | 0                      | 0.0  |                | 16 1                   | 00.0 |          | 0        | 0.0  |             | 14 | 100.0 |              | 0   | 0.0  |          | 30    | 100.0%     |

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents 6.3 Private Home/With Home Health 0.0 Baťhi ng 0.0 76. 7 23. 3 30 Other Nursing Homes 6.3 Dressi ng 6. 7 76. 7 16. 7 30 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 36.7 46. 7 30 78. 1 16. 7 20.0 30 0.0 Toilet Use 63. 3 16. 7 30 0.0 Eati ng 90.0 3. 3 6. 7 Other Locations 9.4 Total Number of Admissions 32 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 30.0 6. 7 Private Home/No Home Health 6.3 Occ/Freq. Incontinent of Bladder **50.0** 0.0 Private Home/With Home Health 46. 9 Occ/Freq. Incontinent of Bowel 26.7 0.0 Other Nursing Homes 3. 1 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 0.0 Mobility Physically Restrained 0.0 0.0 43.3 0.0 Other Locations 15.6 Skin Care Other Resident Characteristics Deaths 28. 1 With Pressure Sores 0.0 Have Advance Directives 96.7 Total Number of Discharges With Rashes 30.0 Medi cati ons Receiving Psychoactive Drugs 56. 7 (Including Deaths)

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

|  | Thi s         | Other Hospital- | Al l   |       |  |
|--|---------------|-----------------|--------|-------|--|
|  | Facility      | Faci            | lties  |       |  |
|  | %             | % Ratio         | %      | Ratio |  |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 100. 0        | 87. 5 1. 14     | 84. 5  | 1. 18 |  |
| Current Residents from In-County                     | 100. 0        | 83. 6 1. 20     | 77. 5  | 1. 29 |  |
| Admissions from In-County, Still Residing            | 28. 1         | 14. 5 1. 94     | 21. 5  | 1. 31 |  |
| Admissions/Average Daily Census                      | 106. 7        | 194. 5 0. 55    | 124. 3 | 0. 86 |  |
| Discharges/Average Daily Census                      | 106. 7        | 199. 6 0. 53    | 126. 1 | 0. 85 |  |
| Discharges To Private Residence/Average Daily Census | <b>56</b> . 7 | 102. 6 0. 55    | 49. 9  | 1. 14 |  |
| Residents Receiving Skilled Care                     | 83. 3         | 91. 2 0. 91     | 83. 3  | 1.00  |  |
| Residents Aged 65 and Older                          | 100. 0        | 91. 8 1. 09     | 87. 7  | 1. 14 |  |
| Title 19 (Medicaid) Funded Residents                 | 53. 3         | 66. 7 0. 80     | 69. 0  | 0. 77 |  |
| Private Pay Funded Residents                         | 46. 7         | 23. 3 2. 00     | 22. 6  | 2.07  |  |
| Developmentally Disabled Residents                   | 0. 0          | 1. 4 0. 00      | 7. 6   | 0.00  |  |
| Mentally Ill Residents                               | 6. 7          | 30. 6 0. 22     | 33. 3  | 0. 20 |  |
| General Medical Service Residents                    | 23. 3         | 19. 2 1. 21     | 18. 4  | 1. 27 |  |
| Impaired ADL (Mean)*                                 | 44. 0         | 51. 6 0. 85     | 49. 4  | 0.89  |  |
| Psychological Problems                               | <b>56</b> . 7 | 52. 8 1. 07     | 50. 1  | 1. 13 |  |
| Nursing Care Required (Mean)*                        | 12. 9         | 7. 8 1. 66      | 7. 2   | 1.81  |  |